Approved for use through 7/31/2006, OMB 0651-0032

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to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Ad 0 1993, 10 PESSAS DETERMINATION RECORD. Application or Docker Number DATENT APPLICATION FEE DETERMINATION RECORD.											<u> </u>
Comber 8, 20 Substitute for Form PTO-875											
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE	; !	RATE	FEE
	C FEE FR 1.16(a))		_	<u> </u>			s	395	OR		,790
TOT	AL CLAIMS FR 1.16(c))		minus 20 =			1	x :25=		OR	x.50=	j
INDE	PENDENT CLAN	as -			1.		x 100=		OR 1	x300=	
(37 CFR 1.16(b)) minus 3 = * MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1.190		OR OR	.36Q		
							TOTAL		OR	TOTAL	
If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL											
31/05 CLAIMS AS AMENDED - PART II											
1	7 ((Column 1)		(Column 2)	(Column 3)		SMALL ENT	TTY	OR	SMALL	
Α		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA			ADDI- FIONAL	N.	RATE	ADDI- TIONAL
III		AMENDMENT	Minus	PAID FOR	= 1 🔿		OF 6	FEE	~ 6	<u> </u>	FEE
AMENDMENT	Total (37 CFR 1.16(c))	32	Minus	<u></u> <u>ä</u> 0_	<u> </u> \(\alpha \)		x \$ (X\) = \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Lo k	x \$20=	EL DOM
IEN	Independent (37 CFR 1.16(b))	. 8	Minus	" 3	5	ļ	x 9(UU=	∞	OR	x ¿¿C.	DOO
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+180=		OR	+360	
<u>.</u>							ADD'L FEE		OR:	ADO'L FEE	
		(Column 1)		(Column 2)	(Column 3)	_				· · · · · · · · · · · · · · · · · · ·	· · ·
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			ADDI- TIONAL FEE	,	RATE	ADDI- ::: TIONAL FEE
ME	Total (37 CFR 1.16(c))	•	Minus	64	=		x s 255 =		OŘ	x.50	<u> </u>
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	1	x:(00=		OR	× (XXX)=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						1	+.180=		OR	+360=	
							TOTAL ADD'L FEE		OR	ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ΩF		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total	AMENDMENT	Minus	"	=	1	x 85 =		OR	x 50 =	
S.	(37 CFR 1,16(c)) Independent (37 CFR 1,16(b))	•	Minus		=	1	× 100 =		OR	, 20Cz	
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+RO=		OR	+360=	
						נ	TOTAL ADO'L FEE		OR	TOTAL ADD L FEE	
* If the eatry is column 1 is less than the entry in column 2, write '0' in column 3.											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Reviews Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.